SIEMENS

MAMMOMAT Novation DR

SP

Questionnaire / Report Form

System

Detector Questionnaire, Report Form

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Document revision level

The document corresponds to the version/revision level effective at the time of system delivery. Revisions to hardcopy documentation are not automatically distributed.

Please contact your local Siemens office to order current revision levels.

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Application of document

Filling in the attached questionnaire is compulsory for the repair/replacement of parts.

What needs to be done?

After replacement of the detector:

1. Immediately **fax** the **FAX form sheet** (page 5) to:

   Siemens AG
   Medical Solutions
   Röthelheim Park 2
   D-91052 Erlangen
   Germany

   Department: SP PLM WH

   Fax: +49 9131 84 2247

   The FFDM questionnaire form is available at (http://cs.med.siemens, http://cs.med.siemens.de)

   > SP> Mammography/ MAMMOMAT Novation DR WH AWS/Common>

2. **Enclose** the fault report (page 5) **with** the defective detector.

How to read out the temperature logger

Check the temperature logger with a ballpoint pen. The LED color indicates the following:

- Red - Temperature during transportation was out of range. Replace detector!
- Green - Temperature during transportation was OK.

Fig. 1:

Example of a completed questionnaire

Customer name: (clinic, room)	**Siemens Clinic**	
Customer address: (city, country)	**Siemens Street1, 98765** **Musterstadt**	
System:	**MAMMOMAT Novation DR**	System serial number: **1068**
System part number:	**6646900**	Revision: **03**
Average number of patients per day:	**50**	Total number of exposures: **761**
Date of last calibration:	**March 28, 2002**	Complaint number : **n.a.**

Information about the defective detector

Siemens part number: **8881307**		
Siemens serial number: **1166**		
Reasons for returning the detector (please check where appropriate; multiple checks are possible):		
❑ No image	❑ Horizontal stripe patterns	❑ Quarter panel failure
❑ Noise	❑ Vertical stripe patterns	❑ Displaced part of image
X Missing lines	❑ Inhomogeneity	❑ Failed calibration
❑ Missing columns		
Failure occurred after:		
❑ Switch ON from standby	❑ Switch ON from complete OFF	**X** Power was ON
Description of fault/error messages: **Missing column in upper left hand panel (QP0)** *Fig. 2:*		
Warranty requested:	❑ Yes	**X** no

Information about the installed new detector

Siemens part number:	**8881307**
Siemens serial number:	**01129**
Temperature logger from delivery:	❑ green / ❑ red

Exact address of returning office: **Your office, your office address**		
Date: **12/12/2003**	Name:	Signature:

FAX this sheet to +49 9131 84 2247

Customer name: (clinic, room)	
Customer address: (city, country)	
System:	System serial number:
System part number:	Revision:
Average number of patients per day:	Total number of exposures:
Date of last calibration:	Complaint number:

Information about the defective detector

Siemens part number:		
Siemens serial number:		
	Failure date:	
Reasons for returning the detector (please check where appropriate; multiple checks are possible):		
❑ No image ❑ Noise ❑ Missing lines ❑ Missing columns **Failure occurred after:** ❑ Switch ON from standby	❑ Horizontal stripe patterns ❑ Vertical stripe patterns ❑ Inhomogeneity ❑ Switch ON from complete OFF	❑ Quarter panel failure ❑ Displaced part of image ❑ Failed calibration ❑ Power was ON
Description of fault/error messages:		
Warranty requested:	❑ Yes	❑ No

Information about the installed new detector

Siemens part number: Siemens serial number: Temperature logger from delivery:	 ❑ green / ❑ red

Exact address of returning office:		
Date:	Name:	Signature:

Enclose this sheet with the defective flat panel detector

Information about the defective detector

Siemens part number:		
Siemens serial number:		
	Failure date:	
Reasons for returning the detector (please check where appropriate; multiple checks are possible):		
❑ No image	❑ Horizontal stripe patterns	❑ Quarter panel failure
❑ Noise	❑ Vertical stripe patterns	❑ Displaced part of image
❑ Missing lines	❑ Inhomogeneity	❑ Failed calibration
❑ Missing columns		
Failure occurred after:		
❑ Switch ON from standby	❑ Switch ON from complete OFF	❑ Power was ON
Description of fault/error messages:		

Date:	Name:	Signature:

Chapter	Page	Changes
All	All	DMS conversion